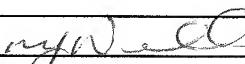


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
Fee Transmittal For FY 2008		Application Number	10/781,659-Conf. #5788
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 20, 2004
TOTAL AMOUNT OF PAYMENT		First Named Inventor	Kyogo ITOH
(\$) 460.00		Examiner Name	L. Yao
		Art Unit	1642
		Attorney Docket No.	0020-5224P

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	_____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments			

FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0
2. EXCESS CLAIM FEES						
Fee Description						
Each claim over 20 (including Reissues)	Small Entity	Fee (\$)	Fee (\$)	50	25	
Each independent claim over 3 (including Reissues)				210	105	
Multiple dependent claims				370	185	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
10	- 55 = 0	x 50.00	= 0.00	Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3	- 3 = 0	x 210.00	= 0.00			
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____ = _____				
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00						

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	36,623	Telephone (858) 356-5959
Name (Print/Type)	Mark J. Nuell		Date	March 10, 2008	